



CONTRA COSTA COUNTY

General Services Department

CAPITAL PROJECTS MANAGEMENT

Michael J. Lango
Director

Terry Mann
Deputy Director

Rob Lim, PE
Manager

APPLICATION FOR CONSULTANT / ARCHITECT MAILING LIST

IF YOU WISH TO BE ADDED TO OUR CONSULTANT / ARCHITECT MAILING LIST, PLEASE COMPLETE THIS FORM
AND RETURN TO: 1220 MORELLO AVENUE, SUITE 100, MARTINEZ 94553.

FIRM NAME: _____

ADDRESS: _____

PHONE NO.: (_____) _____ FAX NO.: (_____) _____

FEDERAL TAX ID#: _____ STATE LICENSE NO.: _____

TYPE OF SERVICE (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> V-01 Architectural Services | <input type="checkbox"/> V-11 Modular Furniture | <input type="checkbox"/> V-21 Inspections |
| <input type="checkbox"/> V-02 Asbestos/Lead Assessment | <input type="checkbox"/> V-12 Signs | <input type="checkbox"/> V-22 Security |
| <input type="checkbox"/> V-03 Asbestos/Lead Specifications | <input type="checkbox"/> V-13 Testing | <input type="checkbox"/> V-23 Elevator |
| <input type="checkbox"/> V-04 Construction Management | <input type="checkbox"/> V-14 Structural | <input type="checkbox"/> V-24 Roofing |
| <input type="checkbox"/> V-05 Design/Space Planning | <input type="checkbox"/> V-15 Transportation | <input type="checkbox"/> V-25 Architectural Consulting |
| <input type="checkbox"/> V-06 Electrical | <input type="checkbox"/> V-16 Computer Drafting (CAD) | <input type="checkbox"/> V-26 Telecommunications |
| <input type="checkbox"/> V-07 Environmental | <input type="checkbox"/> V-17 Geotechnical | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> V-08 Fire Protection | <input type="checkbox"/> V-18 Civil | _____ |
| <input type="checkbox"/> V-09 Landscape | <input type="checkbox"/> V-19 Surveying | _____ |
| <input type="checkbox"/> V-10 Mechanical | <input type="checkbox"/> V-20 Project Management | _____ |

ARE YOU A MINORITY OWNED BUSINESS? ☐ YES* ☐ NO

Agency Certified with: _____ Certification No.: _____

ARE YOU A WOMAN OWNED BUSINESS? ☐ YES* ☐ NO

Agency Certified with: _____ Certification No.: _____

ARE YOU A SMALL BUSINESS ENTERPRISE? ☐ YES* ☐ NO

Agency Certified with: _____ Certification No.: _____

ARE YOU A DISABLED VETERANS BUSINESS ENTERPRISE? ☐ YES* ☐ NO

Agency Certified with: _____ Certification No.: _____

*Submit a completed Contra Costa County Small Business Enterprise and Outreach **Self Certification Form**

APPROXIMATE SIZE OF PROJECTS INTERESTED IN (check one or more):

- | | | |
|---|--|---|
| <input type="checkbox"/> up to \$50,000 | <input type="checkbox"/> \$100,000-\$500,000 | <input type="checkbox"/> over \$1,000,000 |
| <input type="checkbox"/> \$50,000-\$100,000 | <input type="checkbox"/> \$500,000-\$1,000,000 | |

FORM COMPLETED BY: _____ DATE: _____